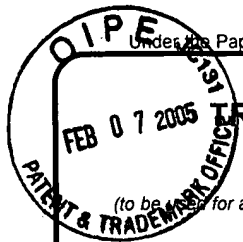


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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/614,438
	Filing Date	07/03/2003
	First Named Inventor	Philip D. Lowance
	Art Unit	3727
	Examiner Name	Joseph C. Merek
	Attorney Docket Number	LOWAP-004A

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) Replacement Sheet <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing and Return Postcard.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sean O'Neill STETINA BRUNDA GARRED & BRUCKER - Customer No. 007663		
Signature			
Date	02/02/2005		

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Typed or printed name	Kimberly Carlsen		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ATTORNEY DOCKET NO.: LOWAP-004A

TITLE: DUAL CONTAINER SYSTEM AND METHOD OF MANUFACTURING



Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

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1. Certificate of Mailing;
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Ifw



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Philip D. Lowance)	Confirmation	7704
)	No.	
Serial No.:	10/614,438)	Art Unit:	3727
)		
Filed:	July 3, 2003)	Examiner:	Joseph C.
)		Merek
For:	Dual Container System)		
	and Method of)		
	Manufacturing Same)		

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is in response to a restriction requirement issued in the Office Action of January 7, 2005, the period for response extending to April 7, 2005. Please amend the application as follows:

Amendments to the Drawings begin on page 2;

Amendments to the Claims begin on page 3; and

Remarks begin on page 8 of this paper.